



INDIANA'S FORENSIC TREATMENT PROGRAM

# POLICIES AND PROCEDURES MANUAL

NOVEMBER 2015 EDITION



Dear Provider,

It is our great pleasure to welcome you to Recovery Works. This program is designed to provide support services to those without insurance coverage who are involved with the criminal justice system. Recovery Works is dedicated to increasing the availability of specialized treatment and recovery services in the community for those who may otherwise face incarceration. Treatment and/or recovery services are intended to supplement community supervision strategies to decrease recidivism.

In order to help facilitate a successful program, this manual has been produced as a ready reference for providers. The manual contains all of the policies and procedures for Recovery Works in Indiana. This resource will continually evolve over the life of the program, and updates will be issued as needed. It is imperative for providers to insert all policy and procedure memos that are issued by DMHA and, when directed, to replace the full contents with the newest version of the manual.

The program staff is dedicated to providing the support you need to successfully implement Recovery Works at your agency and in your community. Please do not hesitate to contact us when you have questions or concerns about the program. Thank you for joining the Recovery Works network and providing participants with an opportunity for a brighter future.

Sincerely,

The Recovery Works Program Staff



<b>SECTION 1: RECOVERY WORKS PROGRAM POLICIES .....</b>	<b>7</b>
<b>Introduction.....</b>	<b>8</b>
Background .....	8
What is Recovery? .....	8
Guiding Principles of Recovery .....	9
Motivational Interviewing .....	10
Vision .....	13
Values .....	13
<b>Program Policies .....</b>	<b>13</b>
Service Ethics .....	13
Confidentiality .....	14
Provider and Consumer Complaints.....	14
Program Compliance with Health and Safety Regulations.....	15
Service Changes .....	15
Staff Changes .....	15
Drug-Free Workplace.....	16
Conflict of Interest .....	16
Indemnification.....	17
Non-Supplantation Clause .....	17
Exclusions.....	17
Termination .....	17
<b>SECTION 2: DESIGNATED AGENCIES AND PROVIDERS.....</b>	<b>19</b>
<b>Recovery Works Certification .....</b>	<b>20</b>
Diagram 1: How Does My Agency Become a Designated Recovery Works Agency? .....	20
Qualifications for Designated Service Providers .....	21
<b>Personnel Policies .....</b>	<b>22</b>
Orientation .....	22
Personnel Minimum Requirements.....	22
Personnel File .....	23
Recovery Works Training Policy .....	23
Conference Calls and Webinars.....	24
<b>Scope of Work.....</b>	<b>25</b>
New Participant Procedure .....	26
Participant Record Requirements .....	27
<b>SECTION 3: FORMS.....</b>	<b>29</b>
Recovery Works Designated Agency and Provider Application .....	30
Recovery Works Agency Agreement .....	32
Recovery Works Referral Form.....	33
Recovery Works Individualized Recovery Plan.....	36
Recovery Works Prior Authorization Form .....	38

<b>SECTION 4: VOUCHER MANAGEMENT/WEB INFRASTRUCTURE FOR TREATMENT SERVICES....</b>	<b>39</b>
Voucher Management.....	40
Voucher Reimbursement.....	40
WITS Access .....	41
WITS Website .....	41
<b>SECTION 5: RECOVERY WORKS SERVICES.....</b>	<b>43</b>
Service Definitions and Reimbursement Rates .....	44

# RECOVERY WORKS PROGRAM POLICIES



# **INTRODUCTION**

## **BACKGROUND**

Within the general public, the prevalence rate of people who have a serious mental illness or substance use disorder is 5.4% and 8.8%, respectively. Of the current prison population, 16% of inmates have a diagnosed serious mental illness. Over half of those incarcerated in our State Prisons (53%), and just under half (45%) in our Federal Prisons, have a substance use disorder diagnosis. Of the population who return to prison, the percentage of persons with a substance use disorder reaches 75%. There is a prevailing need for a partnership between the criminal justice system and mental health and addiction service providers, in order to reduce recidivism and encourage recovery.

In 2012, the Council of State Governments Justice Center (CSGJC) prepared a white paper titled “Adults with behavioral health needs under correctional Supervision: a shared framework for reducing recidivism and promoting recovery,” which provided an outline on how corrections, mental health and Substance Use Disorder systems can share a commitment to help individuals successfully address their needs and avoid criminal justice involvement. In 2015, the Indiana General Assembly passed House Enrolled Act (HEA) 1006, “Criminal Justice Funding,” which established the Forensic Treatment Services Grant Program through the Division of Mental Health and Addiction (DMHA). This grant program will fund a voucher-based program that will give vouchers to providers that offer specialized services to those struggling with mental illness and/or Substance Use Disorder (SUD). This voucher-based system is intended to cover the cost of services for individuals without insurance or Medicaid. HEA 1006 grants \$10 million for the first year of the program and \$20 million for the second year. This voucher program, referred to as Recovery Works, will work with entities that are DMHA certified and demonstrate competency in the treatment of populations with criminogenic risk factors.

Predictions based on the changes in criminal code from HEA 1006 estimate that approximately 6,500 low level offenders will now need services within the community, rather than being sent to a correctional facility. Recovery Works focuses on pre-incarceration diversion services and post-incarceration re-entry services, which not only hopes to divert low-level offenders from incarceration to community services, but to reduce recidivism by 20%, as well. Promoting recovery through community support and treatment/intervention is critical in reducing the number of persons with mental health and/or Substance Use Disorder that are entering our criminal justice system.

## **WHAT IS RECOVERY?**

In December 2011, Substance Abuse Mental Health Services Administration (SAMHSA) released a working definition of recovery and a set of guiding principles. This definition was the result of a comprehensive process that began with an August 2010 Dialogue Meeting and ended with a formal public engagement process in August 2011. At the time SAMHSA released the working definition, SAMHSA indicated they would continue dialogue to refine the definition and



principles, and based on additional stakeholder input, SAMHSA then issued a slightly revised definition:

**Recovery from Mental Disorders and/or Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has Substance Use Disorder problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

### **GUIDING PRINCIPLES OF RECOVERY**

- **Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future: one where people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.
- **Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.
- **Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, cultures, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment, use of medications, support from families and in schools, faith-based approaches, peer support, and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with Substance Use

Disorder (SUD). Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

- ***Recovery is holistic:*** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and Substance Use Disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.
- ***Recovery is supported by peers and allies:*** Mutual support and mutual aid groups, including social learning and the sharing of experiential knowledge and skills, play an invaluable role in recovery. Peers encourage and engage other peers by providing each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.
- ***Recovery is supported through relationships and social networks:*** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, and employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.
- ***Recovery is culturally-based and influenced:*** Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are key in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.
- ***Recovery is supported by addressing trauma:*** The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
- ***Recovery involves individual, family, and community strengths and responsibility:*** Individuals, families, and communities have strengths and resources that serve as a

foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for his or herself. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have a responsibility to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility, and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

- **Recovery is based on respect:** Community, systems, and a societal acceptance and appreciation for people affected by mental health and substance use problems — including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important. <sup>1</sup>

It is important to keep the Principles of Recovery in mind when working with your participant on his/her recovery journey. While we understand, for some participants, choices may be limited; we do encourage participant choice through the individualized recovery planning processes as much as possible. When an individual is empowered to drive his/her own recovery process by choosing services he/she feel will be most beneficial to him/her, it allows the participant to begin to gain or regain control over his/her life. This self-determination and/or self-direction is one of the guiding principles of recovery.

## **MOTIVATIONAL INTERVIEWING**

A recovery-oriented system of care is participant driven. Motivational Interviewing, one vehicle used in a recovery-oriented system, supports the provider relationship between a participant and a provider by empowering participants in their own recovery. Motivational interviewing can be utilized to help participants realize the discrepancies in their thought processes and then begin to move toward reaching their individual goals. Motivational interviewing focuses on exploring and resolving participants’ ambivalence and centers on the motivational processes (what motivates this particular person) to bring about change. Motivational Interviewing has three key elements: collaboration between the provider and the participant, evoking the participant’s ideas about change, and emphasizing the autonomy of the participant. These key elements are both participant-focused and participant-driven, which enables motivational interviewing to be utilized in a recovery-oriented system of care.

There are four principles employed by providers using Motivational Interviewing. Any of these principles functioning on its own can be ineffective, but when they are implemented together, they can effectively help participants move through the stages of change.

The principles are:

1. **Express Empathy:** Expressing empathy involves seeing, feeling, and thinking about things the way in which the participant does. This expression helps participants

sense their providers understand them individually and that they also care about the personal issues they are facing. This tends to promote the participant being more open and honest with providers and thereby allowing for a more workable and helpful relationship to develop.

2. **Develop Discrepancy:** Developing discrepancy occurs when participants see the mismatch between where they are in life and where they want to be. When participants identify discrepancy between their current behaviors/circumstances and their values and plans the likelihood that they will become more motivated increases. Providers do not point out discrepancies, but help participants see inconsistencies that may exist by asking questions.
3. **Roll with Resistance:** Rolling with resistance discourages providers from confronting participants when they begin to resist the change process. Actions and statements that show resistance remain unchallenged. By having the participant define the problem and develop their own solutions, there is little room for resistance. Providers can go along with what participants say, and then utilize these statements to help them develop discrepancy.
4. **Support Self Efficacy:** Supporting self-efficacy is about encouraging participants to believe that change is possible. This approach credits participants with having the capacity and capability to change. This idea generates hope and allows participants who have previously tried recovery and failed to believe that success is possible. Self-efficacy is supported by highlighting participants' strengths instead of their failures.

Recovery Works requires that providers utilize Motivational Interviewing techniques to encourage and empower participants to enter and stay in recovery. The principles and elements of Motivational Interviewing support a recovery-oriented approach and a participant/provider partnership that will allow participants to be successful in maintaining their recovery. For more information, visit <http://motivationalinterview.net/>.

## **VISION**

Every person should have the opportunity to live a healthy, hopeful, fulfilled life in the community. Recovery Works provides community based interventions that ensure both the safety of the community and the recovery of the individual needing treatment rather than incarceration.

## **VALUES**

*Decency:* all people should be treated with respect and their needs responded to quickly

*Fortitude:* never giving up

*Hope:* a positive future view

*Integrity:* do the right thing even when no one is looking

*Parity:* every person deserves the same opportunity

*Quality:* service should be of the highest caliber

## **PROGRAM POLICIES**

### **SERVICE ETHICS**

Recovery Works Providers agree to abide by the following service ethics when serving Recovery Works participants:

1. *Effective recovery support and treatment attend to the whole person, not just his or her illness.* To be effective, all components of recovery must be considered and each area of life, including social, vocational, educational, physical and mental health, and environment must be assessed for strengths and addressed appropriately. Not everyone's recovery looks the same; therefore, not everyone's recovery plan should look the same. It is imperative that the whole person be addressed and each barrier to recovery planned for.
2. *The participants' recovery process is their own.* There is no one path to recovery and no one service that is appropriate for every individual. The participants' services need to be tailored to their individual needs and strengths. This means services need to be appropriate for the stage of recovery a participant is in and should be driven by the participant. Remember, providers are not the experts in relation to participants' personal lives and struggles; therefore, their recovery should be approached as a partnership and not as an expert/consumer or teacher/student relationship.
3. *An individual's recovery plan must be assessed continually and modified regularly to ensure that the plan meets the person's changing needs.* A person may require varying combinations of services, both clinical and recovery support, during the course of

recovery. It is vital that Recovery Works services be appropriate to the individual's age, gender, ethnicity, language, culture, and stage in his or her recovery. If a participant's plan is not changing, then the plan is not working. A participant should be making progress throughout their involvement with the program and therefore, will not have the same needs throughout. It is important to keep up with a participant's progress to ensure that he or she is offered the most pertinent services at the right time.

4. *To promote recovery, it is necessary to maintain services for however long they are needed.* This will depend on each individual participant's needs and will require a vast array of coordinating, funding sources and partners as Recovery Works funding is limited. It is important that providers understand that Recovery Works will not be able to fund everything participants need. Therefore, knowing the services available locally and helping participants access them is important. Each community has programs and resources that are available at low or no cost to participants and these can, and should, be utilized to help facilitate the continuation of recovery after Recovery Works funding is used. If you are unsure of the resources in your area, you can contact 2-1-1 for assistance in familiarizing yourself with available community resources.
5. *All documentation must be complete and accurate.* This includes, but is not limited to, the length of encounters with participants (no rounding up is permitted, only actual times will be recorded), who rendered the service, etc. If documentation is not accurate and complete, it can be deemed fraud and may result in termination of contract and/or prosecution.

## **CONFIDENTIALITY**

Confidentiality of participant information is an ethical obligation for all providers and a legal right for every participant. Providers may have access to confidential information regarding alcohol and Substance Use Disorder patient records. Recovery Works providers agree that such information is confidential and promises and assures that any such information, regardless of form, disclosed to the provider for the purposes of this program will not be disclosed or discussed with others without the prior written consent of the participant. Recovery Works providers must comply with confidentiality of participant information and protected health information requirements as set forth in HIPAA, 42 CFR Part 2, IC 16-39, and any other state or federal regulations. Providers must obtain a completed release of information from each Recovery Works participant, and for each party to whom information is disclosed.

Providers should use the unique participant identification number assigned by WITS when referring to Recovery Works participants in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

## **PROVIDER AND CONSUMER COMPLAINTS**

All complaints should be submitted to the DMHA Consumer Service Line (1-800-901-1133).

Each complaint received will be reviewed by Recovery Works staff. If further information is

needed to complete a thorough investigation, Recovery Works staff will contact the complainant for additional information.

All complaints submitted will be investigated regardless of whether the complaint is submitted anonymously.

Each complaint received will be acknowledged by Recovery Works administrative staff within five business days. Recovery Works staff will then investigate the complaint. All complaints will receive a finding and written response within 30 days, and each complaint will be filed in the Recovery Works administrative complaint log/ledger.

### **PROGRAM COMPLIANCE WITH HEALTH AND SAFETY REGULATIONS**

Recovery Works Providers must serve all participants in safe facilities. Facilities used by a program are required by law to be in compliance with fire and safety standards established and enforced by state and local fire officials. Also, health, safety, and occupational codes must be met at the local level.

Programs must meet all the requirements of the Americans with Disabilities Act of 1990. The ADA requirements state that all sites should be accessible to the disabled in the greatest extent feasible and during renovations and new construction, certain standards must be met. For existing structures, any changes that increase accessibility without changing the fundamental structural viability of the facility must be planned and implemented in a timely and diligent manner.

### **SERVICE CHANGES**

If a designated Recovery Works agency would like to change a recovery support or clinical service that is being offered, for which voucher reimbursement is requested, an application addendum is required. For example, if the agency would like to add or remove a current service being offered, an application addendum would be required. If there is a change to the geographical location where such services are provided, an application addendum is required. The Division of Mental Health and Addiction maintains responsibility for approving application addendums. DMHA should be contacted in the event that an agency would like to provide additional Recovery Works services or change facility information.

### **STAFF CHANGES**

Providers shall inform Recovery Works administration of staff changes within ten (10) days. This policy shall apply to vacancies as well as new hires and changes in responsibility; but shall only apply to positions that have responsibilities that include provision or supervision of the provider's Recovery Works services. This policy applies to all individuals with WITS access or responsibility for provision of Recovery Works services. For staff with WITS access, a WITS Access Request Form must be submitted to notify Recovery Works administration staff of needed changes in the WITS system.

## **DRUG- FREE WORKPLACE**

Providers hereby covenant and agree to make a good faith effort to provide and maintain drug free workplaces. Providers will give written notice to the State within ten (10) days after receiving actual notice that they or one of their employees have been convicted of a new criminal drug violation. False certification or violation of this Agreement may result in sanctions including, but not limited to, suspension of voucher payments and/or termination of the Provider Agreement. Providers certify and agree that they will provide a drug-free workplace by:

- A. Publishing and providing to all of its employees a statement notifying them that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the provider's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
- B. Establishing a drug-free awareness program to inform its employees of (1) the dangers of Substance Use Disorder in the workplace; (2) the provider's policy of maintaining a drug-free workplace; (3) any available Substance Abuse Disorder counseling, rehabilitation and employee assistance programs; and (4) the penalties that may be imposed upon an employee for Substance Use Disorder violations occurring in the workplace;
- C. Notifying all employees in the statement required by subparagraph (A) above that as a condition of continued employment, the employee will (1) abide by the terms of the statement; and (2) notify the provider of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
- D. Notifying the State in writing within ten (10) days after receiving notice from an employee under subdivision (C)(2) above, or otherwise receiving actual notice of such conviction;
- E. Within thirty (30) days after receiving notice under subdivision (C)(2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of substance use violations occurring in the workplace: (1) taking appropriate personnel action against the employee, up to and including termination; or (2) requiring such employees to satisfactorily participate in a Substance Use Disorder assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and
- F. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (A) through (E) above.

## **CONFLICT OF INTEREST**

Recovery Works providers must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others, such as those with whom they have family, business, or other ties. Therefore, each institution



receiving Recovery Works funds must have written policy guidelines on conflict of interest and avoidance thereof. These guidelines should reflect state and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate how outside activities, relationships, and financial interests are reviewed and reported by the responsible and objective institution official(s).

### **INDEMNIFICATION**

The Provider agrees to indemnify, defend, and hold harmless the State, its agents, officials, and employees from all claims and suits including court costs, attorney's fees, and other expenses caused by any act or omission of the Provider and/or its subcontractors, if any, in the performance of their Provider Agreement. The State shall not provide such indemnification to the Provider.

### **NON-SUPPLANTATION CLAUSE**

Recovery Works is a funding source of last resort. If services offered can be paid for by other state or federal programs/grants (e.g. Substance Abuse Prevention and Treatment Block Grant, Vocational Rehabilitation, Medicaid, etc.), Recovery Works cannot be billed for the services. An individual already receiving services through another program is ineligible for the **same** services through Recovery Works.

### **EXCLUSIONS**

Recovery Works funds may not be used to:

- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide outpatient treatment services when the facility has not yet been acquired, sited, approved and met all requirements for human habitation and services provision.
- Pay for incentives to induce individuals to enter treatment.
- Implement syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacology for HIV antiretroviral therapy, sexually transmitted infections (STI), TB, and hepatitis B and C.
- Pay for services delivered within Prison, Jail, Work Release Facility or other Community Corrections location.

### **TERMINATION**

Recovery Works staff may, by written notice to the Agency and/or Provider, terminate the whole or any part of the Agency Agreement for any of the following reasons:

1. If the Agency/Provider fails to comply with any terms, conditions, requirements, or provisions of the Agency Agreement, Recovery Works shall notify the Agency/Provider in writing of their failure to comply. Should the Agency/Provider not remedy such failure

within a period of time specified in writing by Recovery Works, the Agency Agreement may be terminated.

2. If the Agency or any of its officers, employees or agents commits participant abuse, neglect or exploitation, malpractice, fraud, embezzlement or other serious misuse of funds during the term of provider agreement, Recovery Works may terminate the Agency Agreement immediately upon written notice to the Agency.
3. Recovery Works may terminate the Agency Agreement in the case of financial limitations such as loss or expenditure of funds.
4. The Agency agrees that, the existence of a dispute notwithstanding, it will continue, without delay, to carry out all its responsibilities under the Agency Agreement that are not affected by the dispute.
5. Recovery Works or the Agency may terminate Agency Agreement without cause upon thirty (30) days written notice to the other party.

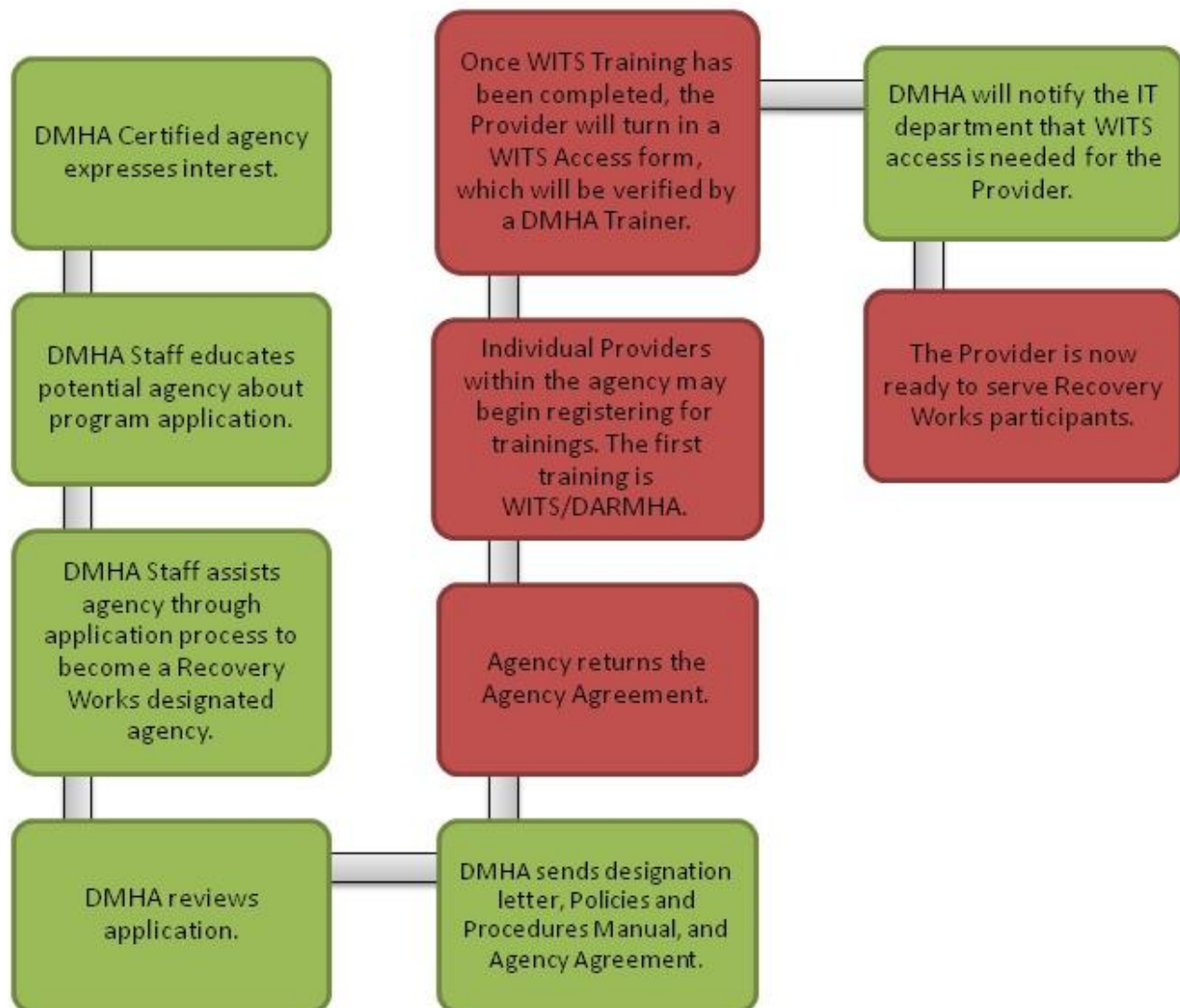
# DESIGNATED AGENCIES AND PROVIDERS



## **RECOVERY WORKS CERTIFICATION**

All agencies must be a prior DMHA certified CMHC, ASO, ASR, PIP, or OTP agency before becoming an approved Recovery Works designated agency. Organizations interested in providing treatment services must apply with the Indiana Division of Mental Health and Addiction. The certification process involves the completion of necessary forms and attending all required trainings. Successful certification will authorize agencies to obtain reimbursement for providing services to Recovery Works participants.

**DIAGRAM 1: HOW DOES MY AGENCY BECOME A DESIGNATED Recovery Works AGENCY?**



## **QUALIFICATIONS FOR DESIGNATED SERVICE PROVIDERS (DSP)**

Once becoming a Recovery Works designated agency, individual providers within the agency can become designated service providers (DSP). In order to be an approved designated service provider, individuals will have basic educational and/or licensure requirements. Based on the Indiana Professional Licensing Agency (IPLA) standards and Indiana Code, providers must practice within the established scope of work for the provider's degree, licensure, and/or experience. Designated service providers for Recovery Works will be qualified within one of the following designations:

### **Designated Service Provider Qualifications**

DSPs delivering service must meet appropriate federal, state, and local regulations for his/her respective disciplines. Specific provider qualifications, program standards, and exclusions are included in each service definition in this section. Three predominant categories of providers may provide Recovery Works program services:

- Licensed professional
- Qualified behavioral health professional (QBHP)
- Other behavioral health professional (OBHP)

***Licensed Professional*** - A licensed professional is defined by any of the following provider types:

- Psychiatrist
- Physician
- Licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP)
- Licensed clinical social worker (LCSW)
- Licensed mental health counselor (LMHC)
- Licensed marriage and family therapist (LMFT)
- Licensed clinical addiction counselor (LCAC), as defined under *IC 25-23.6-10.5*

***Qualified Behavioral Health Professional*** - A QBHP is defined by any of the following provider types:

- An individual who has had at least two years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined previously; such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines:
  - Psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse (RN) in Indiana
  - Pastoral counseling from an accredited university
  - Rehabilitation counseling from an accredited university
- An individual who is under the supervision of a licensed professional, as defined previously, is eligible for and working toward licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:

- Social work from a university accredited by the Council on Social Work Education
- Psychology from an accredited university
- Mental health counseling from an accredited university
- Marriage and family therapy from an accredited university
- A licensed independent practice school psychologist under the supervision of a licensed professional, as defined previously
- An authorized health care professional (AHCP):
  - A physician assistant with the authority to prescribe, dispense, and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of *IC 25-27.5-5*
  - A nurse practitioner (NP) or a clinical nurse specialist (CNS), with prescriptive authority and performing duties within the scope of that person's license and under the supervision of, or under a supervisory agreement with, a licensed physician, pursuant to *IC 25-23-1*

**Other Behavioral Health Professional** - An OBHP is defined by any of the following provider types:

- An individual with an associate degree or bachelor's degree, or equivalent behavioral health experience, meeting minimum competency standards set forth by the designated agency and supervised by a licensed professional or QBHP, as defined previously
- A licensed addiction counselor (LAC), as defined under *IC 25-23.6-10.5*, supervised by a licensed professional or QBHP, as defined previously

\*Information taken from Indiana Medicaid Manual and Indiana Professional Licensing Agency standards and codes.

## **PERSONNEL POLICIES**

### **ORIENTATION**

The Recovery Works designated agency shall provide an orientation that includes an explanation of mission or purpose statement for support services, job description or duties, review of scope of work, overview of written policies and procedures, and code of ethics explained to employee and then signed by employee. As regards to Recovery Works, providers are expected to provide all staff with information about the agency's participation in the Recovery Works program, including where calls or inquiries about Recovery Works should be directed. Additionally, agency staff should be informed about the Recovery Works referral process. This is to ensure that the best interests of the participant, including continuity of care, are maintained to the best of the provider's ability.

### **PERSONNEL MINIMUM REQUIREMENTS**

The agency shall employ or recruit individuals with the necessary qualifications to effectively execute their position. Paid personnel who provide support services must attend any required credentialing training. All paid employees providing Recovery Works services must meet the minimum staff requirements as outlined in the Qualifications for Certification section.

## **PERSONNEL FILE**

The purpose of this file is to show qualifications and experience of personnel. Personnel include all individuals that work with Recovery Works participants regardless of whether they are hourly employees, salary employees, or contractors. Personnel files may be reviewed by Recovery Works administrative staff for verification that rendering staff meet the minimum qualifications. The file shall contain a minimum of the following items:

1. Job description or scope of work
2. Resume or list of volunteer or life experiences, including evidence of applicable training
3. License, certification, or related credentials
4. Copy of Certificate of Completion of the following mandatory trainings:
  - Personal Safety or Non-violent Crisis Intervention training
  - Motivational Interviewing
  - DMHA Online: Recovery Model
  - DMHA Online: Working with the Justice Involved
  - Online Policies and Procedures Training

## **RECOVERY WORKS TRAINING POLICY**

By June 30, 2016, each Recovery Works designated provider must attend or have certification in:

- Personal Safety or Non-violent Crisis Intervention training
- Motivational Interviewing
- DMHA Online: Recovery Model
- DMHA Online: Working with the Justice Involved
- ANSA
- Online Policies and Procedures Training
- DARMHA Training

Once a provider has attended, they must keep their certification on file for themselves. It may also be reviewed by Recovery Works administrative staff for verification at any time.

In addition to the trainings above, there are four types of access to the Web Infrastructure for Treatment Services (WITS) or Voucher Management System (VMS). They are as follows:

- **Rendering Staff:** These are the individuals at your agency that directly provide the services to the participants and will be signing the contact logs. They do not need access to WITS, but their names need to be in the system as rendering staff so that the agency can bill appropriately with the proper rendering staff recorded.

- **Read Only:** These individuals have access to the WITS system and can view notes and accounting within the system, but they do not have capability to make any changes or enter data into the system.
- **Data Entry:** These individuals will have access to the system to input participant data and billing encounters.
- **Release to Billing:** These individuals have all of the above access and are also permitted to release the information to the state government to be reimbursed for service(s) rendered. This is the highest level of access to the WITS system for a provider.

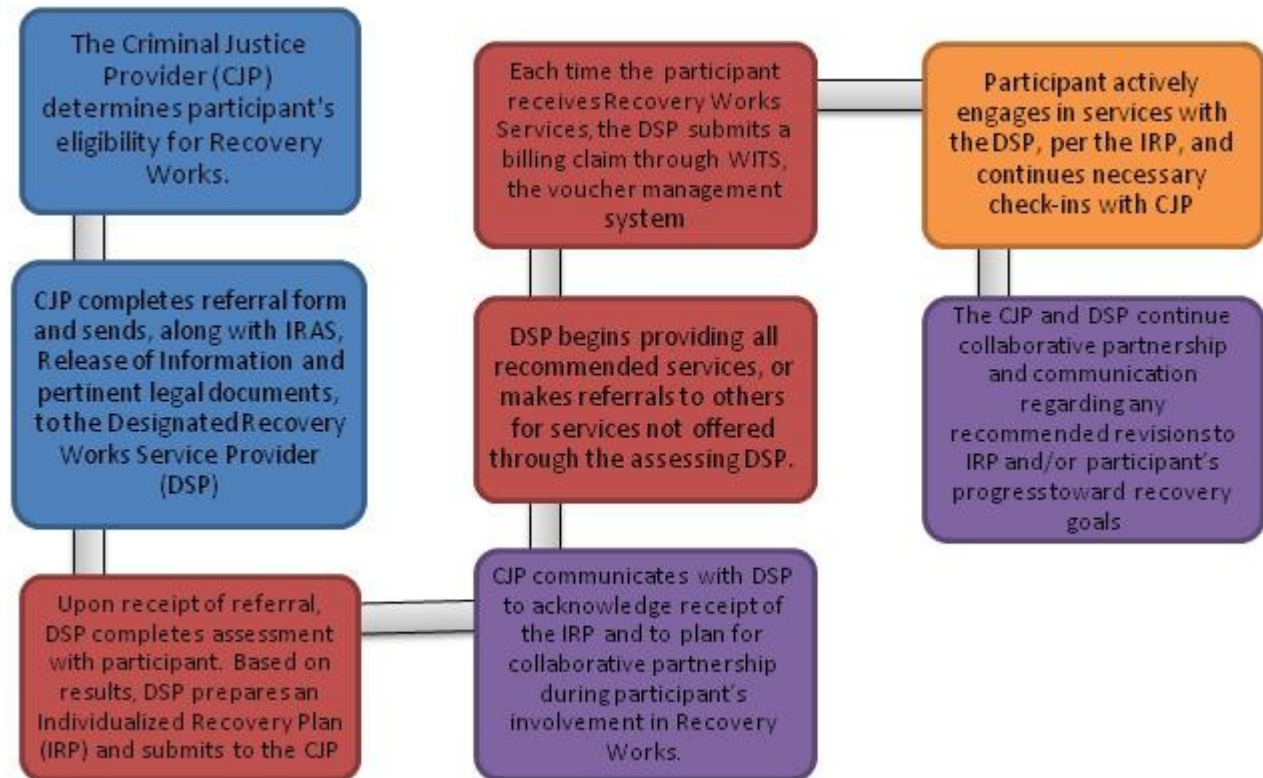
All personnel that have data entry or release to billing access, must successfully complete the Recovery Works Policies and Procedures Training and DARMHA Training. Training will provide detailed instruction on the WITS system.

### **CONFERENCE CALLS AND WEBINARS**

Recovery Works administrative staff will host conference calls and webinars with all providers. The calls will be used to discuss, in detail, any announcements, memos, or updates that have been or will be implemented in the previous or coming months. It is through these conference calls that the providers will be able to gain clarification of policies that they are struggling with and ask questions that may arise in the implementation of the program. The webinars will be utilized as additional Technical Assistance and training opportunities for providers. The dates can be located on the Recovery Works website, [www.RecoveryWorks.fssa.IN.gov](http://www.RecoveryWorks.fssa.IN.gov). Reminder emails will be sent to providers prior to each conference call and/or webinars.



## **SCOPE OF WORK**



Both the Criminal Justice Provider (CJP) and the Designated Service Provider (DSP) are an integral component of Recovery Works. Employees whose duties do not include direct participant contact are not subject to the foregoing qualifications. Recovery Works vouchers will only pay for DSP in support of participants' recovery activities as listed in their Individual Recovery Plan (IRP).

DSPs work with forensic participants directly, helping them to identify the most appropriate services to aid them in their recovery from mental health and/or Substance Use Disorders. For this reason, Recovery Works requires that DSPs obtain CEUs for forensic, mental health, and/or Substance Use Disorder-related trainings each year. Each year, DSPs, must designate 20% (4 hours) of their CEUs to forensic-related topic and 20% (4 hours) to mental health and/or Substance Use Disorder –related topic.

### **DESIGNATED SERVICE PROVIDERS (DSP) WILL:**

- DSP will accept referrals from Criminal Justice Provider (CJP) and contact participant within two (2) business days, a max of five (5) business days.
- DSP will obtain Participant consent and release of information in order for DSP and CJP to communicate about participant.
- DSP will perform bio-psycho-social assessment and administer the Adult Needs and Strengths Assessment (ANSA) to help assist the participant in prioritizing services that will be of most benefit to participant in their recovery.

- Based on results of assessments, DSP will develop an Individualized Recovery Plan (IRP) for the participant. An IRP addresses all areas of potential need. The intention of this plan is to assist the participant in beginning to plan their recovery and understand recovery as a long-term, lifestyle change. This is to be reviewed at each participant contact meeting and updated as needed. The DSP will share the participant's IRP with his/her CJP, and the CJP will sign off acknowledgement.
- DSP will provide services based on participant's IRP.
- DSP will communicate participant's progress with his/her CJP.
- DSP, or designated agency representative, will submit billing claims into the Web Infrastructure for Treatment Services (WITS).
- If DSP is unable to provide services on IRP, he/she will partner with another agency and/or provider to provide the services. This can be done via an MOU through the two agencies.
- Ensure that participants remain connected to the program through ongoing contact (phone and in person), motivation and support.
- Maintain an ongoing electronic and physical record of all contact with participants. This includes maintenance of a physical file containing participant demographic and contact information, the IRP, signed Release of Information documents, and any other ancillary information relevant to the participant. Maintenance of the electronic record will require agencies to create participant profiles, authorize vouchers for all services, and claim payment for DSP activity. Recovery Works participant files are to be stored in compliance with the Health Information Portability and Accountability Act (HIPAA) and other applicable state and federal privacy provisions, including, but not limited to, 42 CFR Part 2.

### **NEW PARTICIPANT PROCEDURE**

1. The Criminal Justice Provider (CJP) will determine the participant's eligibility for Recovery Works.
2. Upon determination of eligibility, the CJP and participant will complete the Recovery Works referral form. The CJP will complete IRAS, Release of Information, and other pertinent legal information and assessments with participant. The CJP will send referral form, IRAS, Release of Information, and all other pertinent information to the Designated Service Provider (DSP).
3. Upon receipt of the Recovery Works Referral form from the CJP, the DSP must contact the participant within two (2) business days, a max of five (5) business days, and set up an in-person appointment. At the in-person appointment, the DSP will:
  - enter all participant information into DARMHA
  - perform a Comprehensive Mental Health and Substance Use Disorder assessment

- perform the Adult Needs Strengths Assessments (ANSA)\*
- 4. After completion of the Comprehensive Mental Health and Substance Use Disorder assessment and ANSA, DSPs must complete the participant's Individual Recovery Plan (IRP) that addresses all areas of potential need. The intention of this plan is to assist the participant in beginning to plan their recovery and understand recovery as a long-term, lifestyle change. This is to be reviewed at each participant contact meeting and updated as needed.

The DSP will speak with the participant to determine what services will be most beneficial to the participant's recovery. These services will then be recorded on the IRP. A copy of the IRP should be given to the CJP for a signature of acknowledgement.

- 5. The DSP must complete a Release of Information. This will allow the DSP and the CJP to communicate about the participant's progress on his/her IRP.

To allow the participant to receive the services on his/her IRP, the DSP will be responsible for creating consent, referral, and vouchers within WITS for the participant based on his/her IRP. Vouchers must be created in WITS for each Recovery Works service the participant is to receive as reflected on the participant's IRP. Additionally, each voucher for Recovery Works services shall only contain one type of service, and should not be bundled (contain more than one type of service.)

\*All DSPs who are not ANSA certified will have until June 30, 2016 to complete ANSA certification. Upon certification, this requirement will apply to the intake process.

### **PARTICIPANT RECORD REQUIREMENTS**

Participant clinical records maintained by Designated Service Providers must contain a minimum of the following information (all entries shall be recorded in a timely manner):

1. Completed Recovery Works Referral Form
2. Pertinent Criminal Justice documents
3. Participant's Comprehensive Mental Health and Substance Use Disorder assessment and ANSA results
4. Completed Individual Recovery Plan (with updates as appropriate)
5. Completed Release of Information Form(s)
6. Supporting documentation for billing claims

Although Recovery Works does not require that documentation be placed in a participant's clinical records in a specific order, agencies are asked to use a consistent procedure and order in the development and maintenance of participants' records. This will decrease agency staff confusion and make the compliance check process more efficient.



# RECOVERY WORKS FORMS



## **RECOVERY WORKS DESIGNATED AGENCY AND PROVIDER APPLICATION**

The Recovery Application is a form that allows the Recovery Works Administration team to approve and designate agencies and providers to provide Recovery Works services throughout the State of Indiana.

Once an application is received at the state, the administration team will review the application. The application will then be passed to the DMHA Certification Team where they will then approve all certifications and licensures of the agency and providers. Once the Recovery Works administration team receives the application back, the application will be approved or denied. Regardless of approval status, the agency receive notification via a formal letter. Those that receive approval will also receive the Policies and Procedures Manual, a list of upcoming trainings, and the Agency Agreement that will need to be signed and returned by the appropriate agency party.

### **SIDE ONE OF THE APPLICATION**



**Indiana Family &  
Social Services  
Administration**

Recovery Works  
Division of Mental Health and Addiction  
Agency Application



AGENCY INFORMATION			
ORGANIZATION NAME <i>(As Registered with Indiana Secretary of State)</i>			
APPLICATION CONTACT:		EMAIL	
MAILING ADDRESS OF ADMINISTRATION BILLING OFFICE			
STREET		CITY, STATE ZIP CODE	
TELEPHONE NUMBER		FAX NUMBER	
MAIN ( )		( )	
WEBSITE <i>(if available)</i>			
Please include a list of any additional facilities where Recovery Works services may be provided with attachments.			
COUNTY(IES) OF SERVICE:			
SERVICES OFFERED AT AGENCY (MARK WITH "X")			
Case Management		Inpatient Detoxification	
Community Health Worker Services		Medication Assisted Treatment	
Daily Living Skills		Medication Review + Prescription	
Family Mental Health Counseling		Medication Training + Prescription	

## SIDE TWO OF THE APPLICATION

PROVIDER INFORMATION			
PROVIDER NAME (FIRST, LAST)	DEGREE AND/OR LICENSURE	Would you Qualify to be a: OBHP / QBHP	WILL YOU NEED WITS ACCESS? Y/N
		OBHP / QBHP	Y / N
		OBHP / QBHP	Y / N
		OBHP / QBHP	Y / N
		OBHP / QBHP	Y / N
		OBHP / QBHP	Y / N
		OBHP / QBHP	Y / N
		OBHP / QBHP	Y / N

*(If you have additional providers, please attach their information to the application.)*

By signing below, your agency agrees that your providers will attend all mandatory Recovery Works trainings no later than June 30, 2016.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

## **RECOVERY WORKS DESIGNATED AGENCY AGREEMENT**

The Recovery Works Agency Agreement is an agency agreement between DMHA and the Recovery Works Designated Agency. This agreement operates similarly to a contract between the two agencies and can be terminated by either party with a 30-day written notice. Once an agency is approved to become a designated Recovery Works Agency, they will receive written notification, along with the agency agreement. The agency is asked to have the appropriate party sign the agreement, and return the agreement to the Recovery Works administration in a timely manner. Once the agreement is returned, your agency officially becomes a Designated Recovery Works Agency.



Michael R. Pence, Governor  
State of Indiana

*Division of Mental Health and Addiction*  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739  
317-232-7800  
FAX: 317-233-3472

### **Recovery Works – Designated Agency Agreement**

This agreement is between \_\_\_\_\_ and the Family and  
(Name of Agency)  
Social Services Administration, Division of Mental Health and Addiction.

***Policies and Procedures Manual*** Agency agrees to abide by the Service Ethics and all other policies as outlined in the manual.

***Religious Character and Independence*** Agency understands that a religious organization who provides services for Recovery Works will retain its independence from Federal, State, local governments and may continue to carry out its mission, including the definition, practice and expression of its religious beliefs. Faith-based organizations may use space in their facilities to provide services supported by Recovery Works, without removing religious art, icons, scriptures, or other symbols. In addition, a religious organization retains the authority over its internal governance, and it may retain religious terms in its organization's name, select board members on a religious basis, and include religious references in its organization's mission statement and other governing documents.

***Referral to an Alternative Agency*** Agency understands that if a Recovery Works participant objects to the services and/or character of a provider or the agency while receiving Recovery Works support services, that participating organization shall, within a reasonable time (1 week) after the date of such objection, refer such individual back to their Criminal Justice provider for alternative Recovery Works



## RECOVERY WORKS REFERRAL FORM

The Recovery Works Referral Form will be filled out by the Criminal Justice Provider (CJP) and faxed to you, as the designated Recovery Works Agency. Once you receive the referral form, you share it with your designated provider(s). Recovery Works Providers will have two (2) business days to accept the referral, contact the participant, and offer to schedule an appointment within five (5) business days of referral.

### SECTION ONE: ELIGIBILITY

The eligibility section of the referral form will verify the four (4) eligibility criteria points. It will be the responsibility of the CJP to verify this criteria. As the provider, please re verify with your participant.



**Indiana Family &  
Social Services  
Administration**

Recovery Works  
Division of Mental Health and Addiction  
Referral Form



Please verify the following eligibility requirements. Check all boxes that apply. If the participant does not meet all four (4) requirements he/she is NOT eligible for Recovery Works.

#### Eligibility Requirements

<input type="checkbox"/>	Is the participant a resident of Indiana?
<input type="checkbox"/>	Is the participant at least 18 years old?
<input type="checkbox"/>	Is the participant a member of a household with an annual income not exceeding 200% of the federal income poverty level
Persons in Household: 2015 FPL = 1: \$23,540; 2: \$31,020; 3: \$39,060; 4: \$47,100; 5: \$55,140; 6: \$63,180; 7: \$71,220; 8: \$79,260	
<input type="checkbox"/>	Has the participant entered the criminal justice system as a felon or with a prior felony conviction?

I declare and affirm under penalty of perjury that I have verified the above eligibility requirements to the best of my knowledge, information and belief.

Referring Criminal Justice Provider Name (Printed) \_\_\_\_\_

Referring Criminal Justice Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION TWO: PROVIDER REFERRAL

The Criminal Justice Provider will present the participant with a list of Designated Recovery Works Agencies. From that list of agencies, together the participant and the CJP will chose the most appropriate agency for the participant, and make the referral based on that. Once the participant has made his/her choice, the CJP will continue to fill out the remainder of the form.

I \_\_\_\_\_, understand that I am being referred to Recovery Works. I will inform my  
(Enter Name of Participant)  
Criminal Justice Provider (CJP) if I have been involved with Recovery Works previously in order to help plan my referral appropriately. I understand that there are a number of providers qualified to provide many services that I may require during my participation in Recovery Works. I also understand that I may interact with multiple providers throughout my participation in Recovery Works. I understand the agency below will help me get started.

Name of FTP Agency	Telephone Number	Information Sent to FTP Agency (Y/N)

(Agencies can be found at [www.RecoveryWorks.IN.gov](http://www.RecoveryWorks.IN.gov))

### SECTION THREE: PARTICIPANT INFORMATION

Once the participant has chosen the Recovery Works Agency, together with their CJP, they will continue to fill out the referral form. The CJP will fill in their contact information and the participant will fill in his/her contact information.

I understand that if I find that the above agency does not meet my needs, I will speak with my Criminal Justice Provider (CJP) and together we will find a new agency and/or provider that does meet my needs. I also understand that the above agency may not be willing or have the ability to provide services to me at this time, in which case my CJP and I will need to select a different provider.

<b>I authorize the referral agency (CJP) to release my information to help the Recovery Works agency contact and serve me:</b>		
Name of referring CJP agency:		Referring Agent E-mail:
Name of referral agent:		Telephone Number: (    )
<b>I understand that the Recovery Works Agency/Provider will need to contact me. I authorize them to contact me by contacting me at the following:</b>		
Address: (number and street, city, state, and ZIP code)		
Home telephone number (    )	Cell telephone number (    )	Work telephone number (    )
Signature of Client		Date (month/day/year)

Once the entire form has been filled out, the CJP can fax the form to the chosen Designated Recovery Works Agency.

## RECOVERY WORKS INDIVIDUALIZED RECOVERY PLAN

An IRP addresses all areas of potential need. The intention of this form is twofold: 1) to inform the participant's CJP what his/her treatment plan is going to consist of and 2) to outline for the agency the different payer sources for the Recovery Works services that the participant may receive. A Recovery plan is to assist the participant in beginning to plan their recovery and understand recovery as a long-term, lifestyle change. This is to be reviewed at each participant contact meeting and updated as needed. The DSP will share the participant's IRP with his/her CJP, and the CJP will sign off acknowledgement.

### TOP PART OF THE IRP



**Indiana Family &  
Social Services  
Administration**

Recovery Works  
Division of Mental Health and Addiction  
Individualized Recovery Plan



Below is the Individualized Recovery Plan for \_\_\_\_\_. Please review and keep  
(Enter the Client Name)  
for your records.

*Please mark where applicable.*

SERVICES	PAYEE			
	Forensic Treatment Program	Medicaid Match	HIP Power Account	Third Party
Alcohol and Other Drug Screening				
Case Management				
Comprehensive Mental Health and Substance Use Disorder Assessment				
Health Care Coordination Services				
Housing Assistance				
Inpatient Detoxification				
Intensive Outpatient Treatment				
Medication Assisted Treatment (OTP Treatment Bundles)				
Medication for Treatment of Mental Health and/or Substance Use Disorders				

### BOTTOM PART OF THE IRP

Please note signature line for CJP, where he/she will acknowledge receipt of the plan. This plan should be placed in the file of the participant with the CJP as well as with the DSP.

Medication Training & Support				
Mental Health Counseling (Individual, Family, or Group)				
Peer Recovery Support Services				
Psychiatric Evaluation and/or Medication Review				
Skills Training and Development				
Substance Use Disorder Counseling (Individual, Family, Group)				
Supported Employment Services				
Transportation				
Other: _____ _____ _____ _____				

---

Signature of Acknowledgement by Criminal Justice Provider

Date

The Prior Authorization form will be utilized by Recovery Works designated providers that wish to provide services that require a Prior Authorization or if their participant has utilized their funds and the participant requires additional services. The provider will fill out the form in its ENTIRETY and either email a PDF to [Recovery.Works@fssa.in.gov](mailto:Recovery.Works@fssa.in.gov) or fax a copy with the participants WITS ID # ONLY, no personal health information, to 317-233- 3472 ATTN: Recovery Works.

## Recovery Works Policies and Procedures

VOUCHER MANAGEMENT SYSTEM/  
WEB INFRASTRUCTURE FOR  
TREATMENT SERVICES



## VOUCHER MANAGEMENT

The initial Recovery Works Designated Service Provider (DSP) will determine voucher availability for services. No other Provider can duplicate or supersede this function. Other Recovery Works Providers will only be paid for Recovery Works services provided to participants with an active and current Recovery Works voucher at the time the service is provided and with an active MOU with the initial DSP.

## VOUCHER REIMBURSEMENT

Providers agree to accept reimbursement for services at the rate specified in the latest version of the Recovery Works Rate Sheet as updated from time to time by DMHA and posted on the Recovery Works website, [www.RecoveryWorks.fssa.IN.gov](http://www.RecoveryWorks.fssa.IN.gov) . Providers should not ask participants to make additional payments for the portion of their care that is paid for by Recovery Works. When billing for services, providers have two options: they may bill daily or weekly. When choosing to bill daily, it is expected that Recovery Works providers will enter the encounter data into WITS within seven (7) business days of service provision, excluding federal holidays. Failure to enter the billing encounter data within seven (7) business days may jeopardize reimbursement.

If an agency opts to bill weekly, they must complete this by Friday at 5pm EST for the prior seven (7) days (Friday through Thursday.)

The screenshot displays the WITS Indiana Training web application interface. The top navigation bar includes the WITS logo, the text 'Indiana Training', and user information: 'User: Collins, Sarah', 'Last: Caring Solutions - PR, Jump St', and 'Client: Faulk, Judy | F659444A/443100 | Case #: 1'. There are 'Print Report' and 'Print View' buttons. A left sidebar contains a menu with options: Home Page, Agency, Client List, Client Profile, Activity List, Intake, Assessments, Encounters, Profile, Consent, Referrals, Episode List, System Administration, My Settings, Reports, and Support Ticket. The main content area is titled 'Encounter For Faulk, Judy'. It contains several input fields: 'Enc ID' (empty), 'Created Date' (empty), 'Service' (dropdown menu showing 'Traditional Housing Assistance'), 'Program Name' (dropdown menu showing 'Jump Start 2 - 1/1/2011'), 'Start Date' (calendar icon), 'End Date' (calendar icon), 'Start Time' (empty), 'End Time' (empty), 'Duration' (input field with '1' and 'Days' dropdown), and '# of Service Units/Sessions' (input field with '1'). There is also a 'Service Location' dropdown and a 'Rendering Staff' dropdown showing 'Collins, Sarah'. Below these fields is a large yellow 'Notes' text area. At the bottom, there is an 'Administrative Actions' section with a 'Review to Bill' link, and 'Cancel', 'Save', and 'Finish' buttons.



**WITS ACCESS**

To add or remove agency personnel from the WITS system, or change their WITS access level, the agency staff member with oversight of Recovery Works service provision must complete a WITS Access Request Form, which can be found on the Recovery Works website.

**WITS WEBSITE:**

Web Infrastructure for Treatment Services (WITS) is the electronic voucher management system where Designated Providers will go to access participant information and billing. WITS also contains a section for announcements. This section will hold announcements as posted by Recovery Works administrative staff regarding training, upcoming events, changes, WITS outages, etc. The announcements on WITS will typically be dually posted on Recovery Works public website; however, this will not always be the case. The WITS site may be accessed via the Recovery Work website.



# RECOVERY WORKS SERVICES



## SERVICE DEFINITIONS AND REIMBURSEMENT RATES

Service Standards (Alphabetical Order):	Reimbursement Rates:	Who may claim for the service:
1. Alcohol and Other Drug Screening	\$15/unit (unit = 1 screening)	Provider with current documentation of training in the process and procedures of administration of the AOD screenings
2. ANSA Redetermination	\$50/unit (unit = 1 Face to Face Reassessment)	Licensed Professionals, QBHP, and OBHP with active ANSA certification with the Praed Foundation
3. Case Management	\$14.53/unit (unit = 1/4 hour)	Licensed Professionals; QBHP; OBHP
4. Comprehensive Mental Health and Substance Use Disorder Assessment <b>(Required first service)</b>	\$100/unit (unit = 1 assessment); \$75/unit (unit = 1 assessment without ANSA)	Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; QBHP
5. Health Care Coordination Services	\$8.55/unit (unit = ¼ hour)	DMHA/ISDH Certified Community Health Workers and/or Certified Recovery Specialist (CHW/CRS)
6. Housing Assistance	\$25/unit (unit = 1 day)	Providers who are DMHA Certified and/or who have partnered with a Designated Recovery Works Agency to deliver housing services
7. Inpatient Detoxification	<b>Requires Prior Authorization</b> \$220/unit (unit = 1 day); coverage days vary	DMHA Certified Detoxification Service Provider Agencies; operate twenty-four (24) hours a day, seven (7) days a week, 365-6 days a year
8. Intensive Outpatient Treatment	\$43.74/unit (unit = 3hour group)	Licensed Professionals; QBHP; OBHP; licensed professional is responsible for overall management of clinical program. At least (1) direct service provider must be an LAC/LCAC
9. Medication Assisted Treatment (OTP Treatment Bundles)	<b>Requires Prior Authorization for services beyond Initial Intake &amp; 10 subsequent days of dosing/services</b> \$55/unit (unit = 1 assessment); Methadone Assisted Treatment	Indiana Opioid Treatment Programs who meet the DMHA Certification Requirements under Indiana Code 440 Article 10. Prescribers must meet licensure requirements and be

	<p>Bundle - \$12/unit (unit= 1 day); OTP Oral Naltrexone Assisted Treatment Bundle - \$13.00/unit (unit = 1 day);</p> <p>OTP Buprenorphine Sublingual (Subutex) Assisted Treatment Bundle - \$17/unit (unit = 1 day);</p> <p>Buprenorphine/Naloxone Sublingual (Suboxone) Assisted Treatment Bundle - \$22/unit (unit = 1 day)</p>	data waived under Indiana and Federal law.
10. Medication for Treatment of Mental Health and/or Substance Use Disorders	<p><b>Requires Prior Authorization for claims exceeding the \$500.00 maximum</b></p> <p>Actual pharmacy expense will be reimbursed for medication; (unit = \$1); must maintain receipts in record</p>	<p>Psychiatrist; Licensed Physician; AHCP</p> <p>For MAT prescribers, must be data waived under Indiana and Federal law.</p>
11. Medication Training & Support	<p>Individual - \$26.15/unit (unit = 1/4 hour); Group - \$4.71/unit (unit = 1/4 hour); Individual/Family - \$26.15/unit (unit = 1/4 hour); Family Group - \$4.71/unit (unit = 1/4 hour)</p>	Licensed physician, AHCP, RN, LPN, or MA who has graduated from a two (2) year clinical program
12. Mental Health Counseling - Individual	\$28.65/unit (unit = 1/4 hour)	Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; QBHP
13. Mental Health Counseling - Family	<p>Family/Individual - \$28.65/unit (unit = 1/4 hour);</p> <p>Family/Group - \$7.16/unit (unit = 1/4 hour)</p>	Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; QBHP
14. Mental Health Counseling - Group	\$7.16/unit (unit = 1/4 hour)	Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; QBHP
15. Peer Recovery Support Services	\$8.55/unit (unit = 1/4 hour)	Aspin Certified Recovery Specialists and/or ICAADA Certified Recovery Coach, under supervision of a licensed professional or QBHP.
16. Psychiatric Evaluation and/or Medication Review	\$18.37/unit (unit = 1/4 hr)	Licensed Physician; AHCP; Psychiatrist
17. Skills Training and	Individual - \$26.14/unit (unit = 1/4	Licensed Professionals; QBHP; OBHP

Development	hour); Individual Group - \$4.71/unit (unit = 1/4 hour); Individual/Family -\$26.14/unit (unit = 1/4 hour); Family Group -\$4.71/unit (unit = 1/4 hour)	
18. Substance Use Disorder Counseling - Individual	\$58.32/unit (unit = 1 hour)	Licensed Professionals; QBHP; LAC under supervision of LCAC
19. Substance Use Disorder Counseling - Family	Family/Individual- \$58.32/unit (unit = 1 hour); Family/Group - \$14.58/unit (unit = 1 hour)	Licensed Professionals; QBHP; LAC under supervision of LCAC
20. Substance Use Disorder Counseling - Group	\$14.58/unit (unit = 1 hour)	Licensed Professionals; QBHP; LAC under supervision of LCAC
21. Supported Employment Services	\$10.50/unit (unit = 1/4 hour)	Licensed Professionals; QBHP; OBHP
22. Transportation	Agency Vehicle - \$0.40/unit (unit = mile); Public Transportation - Actual trip expense will be reimbursed; (unit = \$1); must maintain receipts in record	Designated Recovery Works Agencies and/or Public Transportation Services

### **Alcohol and Other Drug Screening – \$15/unit (unit = 1 screening)**

This service should only be utilized in cases where AOD screening is clinically indicated as a means for removing barriers to recovery and/or triggers for relapse. This service should only be billed to Recovery Works when no other funding is available.

Organizations providing AOD Screenings are expected to provide collection and analysis of appropriate samples for the multi-substance drug testing. All tests must be at least a six panel drug test administered with or without an accompanying alcohol breath or blood test. In addition to the six panel standard drug test, the client must be tested for any substance they reported using at the time of intake. This means that the test will test for at least six classes of drugs commonly abused in the organization's area of service, as well as any substance being used by the client at intake. EtG tests for alcohol may also be billed under this category, only when it is accompanying at least a six panel test for other drugs of abuse in the provider's service area. Organizations providing this service must have a policy in place that addresses and assures specimen validity by providing observed sample collection and maintains the chain of custody of the sample from collection to testing. Said policy and protocol must be established to be as minimally invasive as possible while meeting the above measures of accuracy.

The provider shall also ensure complete integrity of each specimen tested and the respective test results. Receiving, transfer and handling of all specimens by personnel shall be fully documented using the proper chain-of-custody. For those employing urine tests diluted results must be reported on the result form. Testing shall not be conducted on any specimen that does not have a legal chain-of-custody. All specimens found to be "Adulterated" shall be treated as an Invalid Specimen. Any specimen without a valid chain-of-custody is to be destroyed. The referring location shall be notified in writing when a specimen has been rejected due to an invalid chain-of-custody or any other integrity problem.

Who may claim for this service: Organizations meeting the standards above; must have current documentation of the administering provider's training in the process and procedures of administration of the AOD screenings.

Exclusions: AOD screening that is not clinically indicated to address needs or barriers identified on the participant's individual recovery plan.

### **ANSA Redetermination - \$50/unit (unit = 1 Face to Face Reassessment)**

The Adult Needs and Strengths Assessment must be completed at intake and every six (6) months. The redetermination requires face-to-face contact with the participant and may include face-to-face or telephone collateral contacts with family members or nonprofessional caretakers, which results in a completed redetermination. A DSP that is NOT receiving reimbursement through MRO or another payer source may claim one (1) Recovery Works voucher for each ANSA done at the six (6) month follow-up for the participant. A DSP may not claim for the intake ANSA, as it is included in the initial assessment package.

Who may claim for this service: Licensed Professionals, Qualified Behavioral Health Providers, and Other Behavioral Health Providers who hold an active ANSA certification through the Pread Foundation.

Exclusions: All DSPs who are not ANSA certified will have until June 30, 2016 to complete ANSA certification. Until the provider has become ANSA certified, a DSP may not complete or claim for ANSA Redetermination.

### **Case Management - \$14.53/unit (unit = 1/4 hour)**

Case Management consists of services that help participants gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case Management does not include direct delivery of medical, clinical, or other direct services. Case Management is on behalf of the participant, not to the participant, and is management of the case, not the participant. Case Management must provide direct assistance in gaining access to needed medical, social, educational, and other services. Case Management includes the development of an IRP, referrals to services, and activities or contacts necessary to ensure that the IRP is effectively implemented and adequately addresses the mental health and/or addiction needs of the eligible participant. Case Management may include:

- *Needs Assessment:* Focusing on needs identification of the participant to determine the need for any medical, educational, social, or other services. Specific assessment activities may include:
  - Taking participant history
  - Identifying the needs of the participant
  - Completing the related documentation
  - Gathering information from other sources, such as family members or medical providers
- *Individualized Recovery Plan Development:* The development of a written IRP based on the information collected through the assessment phase. The IRP identifies the rehabilitative activities and assistance needed to accomplish the objectives.
- *Referral/Linkage:* Activities that help link the participant with medical, social, and educational providers, and/or other programs and services that are capable of providing needed rehabilitative services.
- *Monitoring/Follow-up:* Activities and contacts necessary to ensure that the IRP is effectively implemented and adequately addresses the needs of the participant. The activities and contacts may be with the following:
  - Participant
  - Family members
  - Nonprofessional caregivers
  - Providers
  - Criminal Justice Providers
  - Other entities

Monitoring and follow-up are necessary to help determine if services are being furnished in



accordance with the participant's IRP, the adequacy of the services in the treatment plan, and changes in the needs or status of the participant. This function includes making necessary adjustments in the IRP and service arrangement with providers.

- *Evaluation:* The provider must periodically reevaluate the participant's progress toward achieving the IRP's objectives. Based on the provider's review, a determination would be made whether changes should be made. Time devoted to formal supervision of the case between provider and licensed supervisor are included activities and should be documented accordingly. The supervision must be documented appropriately and billed under one provider only.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers

Exclusions: The actual or direct provision of medical services or treatment is excluded. Examples include, but are not limited to:

- Training in daily living skills
- Training in work skills and social skills
- Grooming and other personal services
- Training in housekeeping, laundry, or cooking
- Transportation services
- Individual, group, or family therapy services
- Crisis intervention services
- Services that go beyond assisting the participant in gaining access to needed services. Examples include, but are not limited to:
  - Paying bills and/or balancing the recipient's checkbook
  - Traveling to and from appointments with recipients
  - Court-ordered reports
  - Assistance completing Medicaid application or redetermination documentation

**Comprehensive Mental Health and Substance Use Disorder Assessment - \$100/unit (unit = 1 assessment); \$75/unit (unit = 1 assessment without ANSA)**

Designated Recovery Works Providers agree, upon acceptance of the referral, to begin the treatment process with a Comprehensive Mental Health and Substance Use Disorder Assessment. The assessment must include a Diagnosis, clear medical necessity for ongoing treatment, and the participant's statement of his/her individualized treatment goal. Organizations providing clinical assessment are expected to provide each participant with an in depth analysis of strengths and needs in regard to his or her mental health disorders and/or substance use disorders, and any other co-occurring medical or developmental disorders. Such analysis must be conducted through the use of an evidence-based peer-reviewed standardized assessment tool in general use for mental health populations in the State of Indiana. The ANSA must be paired with the clinical interview, or another state approved assessment tool paired with diagnostic interview. Upon completion of the clinical assessment, the organization shall discuss the results of the assessment and recommendations of the clinician with the participant. When documenting a claim for Recovery Works funding for a comprehensive mental health and substance use disorder assessment, the organization must

document each of the following:

- Tool used in assessment
- Outcomes of the assessment (including ANSA)

Who may claim for this service: Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; Qualified Behavioral Health Providers

Exclusions: All Designated service providers (DSP) who are not ANSA certified will have until June 30, 2016 to complete ANSA certification. Until the provider has become ANSA certified, a DSP may only claim \$75.

#### **Health Care Coordination Services - \$8.55/unit (unit =1/4 hour)**

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Who may claim for this service: DMHA/ISDH Certified Community Health Workers and/or Certified Recovery Specialist (CHW/CRS)

#### **Housing Assistance - \$25/unit (unit = 1 day)**

Organizations providing Housing Assistance are expected to provide participants with residential housing that is supportive of the participant's recovery and free of relapse triggers. Organizations must provide transitional housing in the form of sober shelter, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing. Meals shall be included along with 24-hour access to support staff that is gender appropriate. These services must provide a safe, clean, and sober environment for adults with mental health and/or substance use disorders. Organizations may also help families in locating and securing affordable and safe housing, as needed. Additionally, assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other approved housing needs. It is required that the housing provider will develop with the participant a plan to move toward more stable housing. This plan will be established through an evaluation that the provider conducts and have measurable goals and projected timeline for completion of goals. Recovery Works vouchers will only pay for Housing Assistance in support of individual participant's recovery activities as listed in their individual recovery plan.

**Emergency Housing Assistance:** May only be authorized for overflow housing when no beds are available at the participant's chosen provider, when the participant chooses to stay with a provider until a provider has a bed available, and when the provider will be paying for the lodging of the participant at an offsite facility. This is intended to be a short term solution to a lack of beds at the participant's chosen provider. This is limited to seven days and a total of \$245 and is only to be utilized when the agency will have a bed available in the next seven days.

Minimum Housing Standards Definitions: It is the responsibility of the Designated Recovery Works Agency and/or Provider to ensure that the following minimum housing standards are being met by a housing agency that is utilized by a participant in which Recovery Works vouchers are claimed.

Minimum Housing Standards Definitions, Section 1: Administration:

- Agency operated by a non-profit organization with 510©3 Documentation
- Agency has a policy manual
- Agency has organizational purpose/mission
- Agency has goal statement of populations served
- Agency has program description
- Agency has sexual harassment policy
- Agency has compliant plan for accessibility improvements according to the Americans with Disabilities Act
- Agency has policy for tuberculosis testing of staff and residents
- Agency has HIV/AIDS policy stating requirements for screening, testing, and placement of participants
- Agency has confidentiality policies
- Agency has policy outlining process for service evaluation
- Agency has person responsible for coordination and implementation of policies
- Agency has board of directors with participation of at least one participant or former participant involved in meetings and other responsibilities
- Agency has conflict of interest policy for board and staff

Minimum Housing Standards Definitions, Section 2: Facility:

- Facility has locked space dedicated to securing documents to ensure participant confidentiality
- Agency has a housekeeping policy
- Agency has a maintenance plan
- Facility is clean and in good repair as evident by public entity report
- Facility has reasonable access to public transportation
- Facility has a crib, bed with linens or mat for each participant
- Facility has adequate and separate toilet and shower facilities for men and women and children over age five (5)
- Facility has private space to meet with participants
- Facility has laundry facilities available to participants
- Agency has fire evacuation plan for ambulatory and non-ambulatory residents
- Agency conducts fire drills not less than quarterly

- Facility has fire detection systems in compliance with local building and fire codes
- Facility has adequate fire exits with signs
- Facility has adequate emergency lighting
- Facility successfully completes annual fire inspections

Minimum Housing Standards Definitions, Section 3 Fiscal Management:

- Agency has accounting system capable of audit/financial review
- Agency presents quarterly financial reports to Board of Directors
- Agency has policy regarding managing participants' funds

Minimum Housing Standards Definitions, Section 4-Food Service:

- Facility has adequate provision for sanitary food storage and preparation evident by public entity report
- Facility has adequate provisions for meeting the nutritional needs of infants, children and/or pregnant women
- Facility has adequate provisions for meeting the nutritional needs of specific medical conditions (HIV, Diabetes, etc)

Minimum Housing Standards Definitions, Section 5-Intake:

- Agency has a policy for intake procedure
- Agency has a policy for criteria for admission
- Agency maintains record of all residents in facility, including name, age, race, gender and income level
- Agency has policy requiring that house rules, regulations and disciplinary procedures are read to and signed by all participants
- Agency posts house rules, regulations and disciplinary procedures in a conspicuous place
- Agency has policy and procedure or arrange for services for participants who cannot be served
- Agency maintains documentation of participants sheltered, served or referred elsewhere.

Minimum Housing Standards Definitions, Section 6-Medical Care:

- Facility has a phone available for medical emergency
- Facility has adequate first aid equipment and supplies in compliance with Red Cross guidelines
- Facility has one staff person on duty certified in emergency first aid procedures
- Agency has policy regarding the possession and use of controlled substances
- Agency has policy regarding participant's use of over-the-counter medications
- Medications are secured properly
- Agency has communicable illness policy

Minimum Housing Standards Definitions, Section 7-Personnel:

- Agency has organizational chart delineating all positions (paid and volunteer)
- Agency maintains written job descriptions for each positions (paid and volunteer)
- Facility has adequately trained personnel on site to meet the needs of residents and ensure the safety of the facility during all hours it is open to participants
- Agency maintains a code of ethics policy for personnel

- Agency maintains a policy pertaining to authorize/unauthorized search of participant's property by staff.
- Agency maintains a policy pertaining to participant confidentiality
- Staff is trained in emergency evacuation procedures
- Agency maintains a volunteer policy including selection, training, term of service, and definition of tasks
- Agency policies regarding hiring are in compliance with EEO guidelines
- Agency has hiring policy for new staff members, including any screening processes used by agency

#### Minimum Housing Standards Definitions, Section 8-Operations:

- Agency maintains a written log of incidents and instructions for oncoming personnel
- Agency has policy for participant termination
- Agency has grievance policy for participants who feel they have been unfairly treated by the program.
- Agency has obtained a letter of support from neighborhood/community council

#### Minimum Housing Standards Definitions, Section 9-Supportive Services:

- Assessments are conducted of participants that detail the participants process toward self sufficiency
- Agency documents one on one meeting with participants to update the original assessment on progress made
- Agency has a plan to move participants from transitional housing to permanent housing.
- Agency maintains records of alcohol and other drug screens
- Agency documents participants participation in support group meetings inside and outside the facility
- Agency maintains daily bed check sheets
- Agency maintains sign in/out logs of participants activities
- Agency provides basic life skills classes (i.e. budgeting, time management)

#### Minimum Housing Standards Definitions, Section 10-Performance Based Measures:

- Agency must be best described as a Transitional Housing with supportive services
- Agency must have a process in place to meet and document the following performance measures
  - 50% of participants who stay at least 60 days in program will be employed upon exit from the program
  - 70% of the transitional residents will move from transitional to permanent housing
  - 80% of participants who reside in transitional units will receive case management at least 2 times a month and reach 1 goal prior to exiting the program.

Who may claim for this service: Providers who are DMHA Certified and/or who have partnered with a Designated Recovery Works Agency to deliver housing services as outlined above and is able to meet the basic requirements defined

**Inpatient Detoxification - \$220/unit (unit = 1 day); requires Prior Authorization – coverage days vary**

Participants shall have a diagnosis of Substance Use Disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition. Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently. Detoxification treatment services shall be based on individual need and diagnosis. Detoxification services shall support participant self-sufficiency, decision making, empowerment, and disease self-management principles.

- Length of stay in detoxification treatment shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA.
- Detoxification treatment services shall have separate living areas for women and men.
- All services shall utilize evidence-based practices (EBP) and gender specific care. Evidence based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been replicated in different settings with different populations over time; and can include but are not limited to "treatment manuals." Evidence based practices for substance abuse is supported by the Substance Abuse and Mental Health Administration (SAMHSA) -National Registry of Evidence-based Programs and Practices (NREPP).
- Provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants' primary residence.
- All detoxification services shall be designed to practice and utilize recovery oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.

Who can claim for this service: DMHA Certified Detoxification Service Providers Agencies; Provider shall be certified and in compliance with the Indiana Administrative Code, 440 IAC 4.4 and operate twenty-four (24) hours a day, seven (7) days a week, 365-6 days a year

Exclusions: Provider shall voucher for admission day in detoxification but not day of discharge.

**Intensive Outpatient Treatment- \$43.74/unit (unit = 3hour group)**

IOT is a treatment program that operates at least three (3) hours per day, at least three (3) days per week, and is based on an Individualized Recovery Plan. IOT is planned and organized with addiction professionals and clinicians providing multiple treatment service components for rehabilitation of alcohol and other drug abuse or dependence in a group setting. IOT includes group therapy, interactive education groups, skills training, random drug screenings, and counseling. IOT is limited to forty (40) three (3) hour sessions; PA is required for consumers requiring additional units of service. IOT may be provided for eligible participants with a substance-related disorder and:

- Minimal or manageable medical conditions;

- Minimal or manageable withdrawal risk; or
- Emotional, behavioral and cognitive conditions that will not prevent the consumer from benefiting from this level of care.

IOT program standards include the following components:

- Regularly scheduled sessions, within a structured program, that are at least three (3) consecutive hours per day and at least three (3) days per week.
- Referral to 12-step programs, peers, and other community supports.
- Education on addiction disorders.
- Skills training in communication, anger management, stress management, and relapse prevention.
- Individual, group, and family therapy (provided by a licensed professional or QBHP only).
- IOT must be offered as a distinct service.
- IOT must be individualized.
- Access to additional support services (e.g., peer supports, case management, 12-step programs, aftercare/relapse prevention services, integrated treatment, referral to other community supports) as needed.
- The participant is the focus of the service.
- Documentation must support how the service benefits the consumer, including when the service is in a group setting.
- Services must demonstrate progress toward or achievement of consumer treatment goals identified in the IRP. Service goals must be rehabilitative in nature.
- Up to twenty (20) minutes of break time is allowed during each three consecutive hour session.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers; A licensed professional is responsible for the overall management of the clinical program. At least one (1) of the direct service providers must be a LAC or a LCAC.

Exclusions:

- Consumers with withdrawal risk/symptoms whose needs cannot be managed at this level of care or who need detoxification services.
- Consumers at imminent risk of harm to self or others
- IOT will not be reimbursed for consumers receiving Group Addiction Counseling on the same day.
- IOT sessions that consist of education services only are not reimbursable.
- Any service that is less than three hours may not be billed as IOT, but may be billed as Group Addiction Counseling (if provider qualifications and program standards are met).

**Medication Assisted Treatment (OTP Treatment Bundles) – Requires Prior Authorization for services beyond Initial Intake & 10 subsequent days of dosing/services; \$55/unit (unit = 1 assessment); Methadone Assisted Treatment Bundle - \$12/unit (unit= 1 day); OTP Oral Naltrexone Assisted Treatment Bundle - \$13.00/unit (unit = 1 day); OTP Buprenorphine Sublingual (Subutex) Assisted Treatment Bundle - \$17/unit (unit = 1 day); Buprenorphine/Naloxone Sublingual (Suboxone) Assisted Treatment Bundle - \$22/unit (unit = 1 day)**

Organizations providing Medication Assisted treatment are expected to provide pharmacotherapies approved by the Food and Drug Administration (FDA) for the treatment of Opioid use disorders and be recognized by the Division of Mental Health and Addictions to offer this service. All recognized protocols eligible for billing under a treatment bundle must include the statutorily required services for medication assisted opiate treatment, as well as, must include:

- Full medical physical included at initial intake
- Full DMHA approved bio-psychosocial assessment at initial intake
- Ongoing medical supervision
- Supervised medication distribution
- Regular counseling
- Regular multi-panel AOD testing, both scheduled and random
- Ongoing referrals for other needed treatment and recovery support services
- Screening and/or referral for the treatment of co-occurring mental health needs

All of these services are to be provided as one bundled service for the purpose of Recovery Works vouchers. Recovery Works vouchers will only pay for Medication Assisted Treatment in support of individual participant's recovery activities as listed in his/her individualized recovery plan.

**Who can claim for this service:** Indiana Opioid Treatment Programs who meet the DMHA Certification Requirements under Indiana Code 440 Article 10. Prescribers must meet licensure requirements and be data waived under Indiana and Federal law.

**Medication for Treatment of Mental Health and/or Substance Use Disorders - Requires Prior Authorization for claims exceeding the \$500.00 maximum; Actual pharmacy expense will be reimbursed for medication; (unit = \$1); must maintain receipts in record**

**Who can claim for this service:** Psychiatrist; Licensed Physician; AHCP.  
For MAT prescribers must be data waived under Indiana and Federal law.

**Medication Training & Support - Individual - \$26.15/unit (unit = 1/4 hour); Group - \$4.71/unit (unit = 1/4 hour); Individual/Family - \$26.15/unit (unit = 1/4 hour); Family Group - \$4.71/unit (unit = 1/4 hour)**

Medication Training and Support involves face-to-face contact with the participant and/or family or nonprofessional caregivers in an individual setting for the purpose of monitoring medication compliance, providing education and training about medications, monitoring medication side effects, and providing other nursing or medical assessments. Medication Training and Support also includes certain related nonface-to-face activities. Face-to-face contact in an individual setting with the



participant and/or family or nonprofessional caregivers that includes monitoring self-administration of prescribed medications and monitoring side effects. When provided in a clinic setting, Medication Training and Support may support, but not duplicate, activities associated with medication management activities available under the Clinic Option.

Who may claim for this service: The following providers may provide Medication Training and Support within the scope of practice as defined by federal and state law: Licensed physician, AHCP, RN, LPN, MA who has graduated from a two (2) year clinical program

Exclusions:

- If Clinic Option medication management, counseling, or psychotherapy is provided and medication management is a component, Medication Training and Support may not be billed separately for the same visit by the same provider.
- Coaching and instruction regarding participant self-administration of medications is not reimbursable under Medication Training and Support but may be billed as Skills Training and Development.
- Medication Training and Support may not be provided for professional caregivers.

**Mental Health Counseling - Individual - \$28.65/unit (unit = 1/4 hour)**

Mental Health Counseling is a planned and organized service with the participant, where mental health professionals and clinicians provide counseling intervention that works toward the goals identified in his/her Individualized Recovery Plan. The participant is the focus of Mental Health Counseling. Documentation must support how Mental Health Counseling benefits the participant, including when the participant is not present. Mental Health Counseling requires face-to-face contact with the participant. Mental Health Counseling consists of regularly scheduled sessions.

- Mental Health Counseling may include:
  - education on mental health disorders; however, Mental Health Counseling sessions that consist of education services only are not reimbursable.
  - skills training in communication, anger management, stress management, and relapse prevention; however, Mental Health Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Mental Health Counseling must demonstrate progress toward and achievement of participant treatment goals identified in the IRP.
- Mental Health Counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Mental Health Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service: Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; Qualified Behavioral Health Providers

**Mental Health Counseling – Family/Individual- \$28.65/unit (unit = 1/4 hour); Family Group - \$7.16/unit (unit = 1/4 hour)**

Mental Health Counseling is a planned and organized service with the participant and/or family members (as defined by participant), or nonprofessional caregivers, where Mental Health professionals and clinicians provide counseling intervention that works toward the goals identified in his/her IRP. The participant is the focus of Mental Health Counseling. Documentation must support how Mental Health Counseling benefits the participant, including when the participant is not present. Mental Health Counseling requires face-to-face contact with the participant and/or family members. Mental Health Counseling consists of regularly scheduled sessions.

- Family Mental Health Counseling may include the following:
  - education on mental health disorders; however, Mental Health Counseling sessions that consist of education services only are not reimbursable.
  - skills training in communication, anger management, stress management, and relapse prevention; however, Mental Health Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Mental Health Counseling must demonstrate progress toward and achievement of participant treatment goals identified in the IRP.
- Mental Health Counseling must be provided in an age-appropriate setting for a participant younger than 18 years of age receiving services.
- Mental Health Counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Mental Health Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service: Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; Qualified Behavioral Health Providers

**Mental Health Counseling - Group - \$7.16/unit (unit = 1/4 hour)**

Mental Health Counseling is a planned and organized service with the participant, where mental health professionals and clinicians provide counseling intervention that works toward the goals identified in his/her Individualized Recovery Plan. The participant is the focus of Mental Health Counseling. Documentation must support how Mental Health Counseling benefits the participant, including when the participant is not present. Mental Health Counseling requires face-to-face contact with the participant. Mental Health Counseling consists of regularly scheduled sessions.

- Mental Health Counseling may include:
  - education on mental health disorders; however, Mental Health Counseling sessions that consist of education services only are not reimbursable.
  - skills training in communication, anger management, stress management, and relapse prevention; however, Mental Health Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Mental Health Counseling must demonstrate progress toward and achievement of participant

treatment goals identified in the IRP.

- Mental Health Counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Mental Health Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service: Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; Qualified Behavioral Health Providers

**Peer Recovery Services - \$8.55/unit (unit = 1/4 hour)**

Peer Recovery Services are individual face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Organizations providing Peer recovery services are required have personnel on staff that have completed and passed the Addiction Peer Recovery Coach training provided by ICAADA or the Certified Recovery Specialist-Substance Abuse (CRS-SA) training provided by ASPIN. Only individuals holding the ICAADA or ASPIN certifications are permitted to work directly with the participants providing peer recovery services for Recovery Works. These are the **ONLY** peer recovery services certifications that are accepted by Recovery Works. Organizations that are currently providing Peer recovery Services may continue to provide services with a previously approved model up until June 30, 2016. Individuals providing peer recovery services must be certified in the ICAADA or ASPIN model by July 1, 2016 or they will no longer be able to provide this service to Recovery Works participants.

Who may claim for this service: Peer Recovery Services must be provided by individuals meeting DMHA training and competency standards for CRS or ICAADA Recovery Coach. Individuals providing Peer Recovery Services must be under the supervision of a licensed professional or QBHP.

Exclusions: Peer Recovery Services that are purely recreational or diversionary in nature, or have no therapeutic or programmatic content, may not be reimbursed.

- Interventions targeted to groups are not billable as Peer Recovery Services.
- Activities that may be billed under Skills Training and Development or Case Management services are not billable as Peer Recovery Services.
- Peer Recovery Services are not reimbursable for children under the age of sixteen (16).
- Peer Recovery Services that occur in a group setting are not reimbursable.

**Psychiatric Evaluation and/or Medication Review - \$18.37/unit (unit = 1/4 hr)**

Psychiatric Assessment consists of a face-to-face activity that is designed to provide psychiatric assessment, consultation, and medication services to participants. Symptom assessment and intervention to observe, monitor, and care for the physical, nutritional, behavioral health, and related psychosocial issues, problems, or crises manifested in the course of a participant's treatment

Monitoring a participant's medical and other health issues that are either directly related to the mental health- or substance-related disorder, or to the treatment of the disorder (for example, diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, and seizures).

To be a billable activity, consultation must be goal-oriented, focused on addressing barriers to fulfilling the participant's IRP, and documented in the clinical record in a way that reflects the complexity of the interaction.

Who may claim for this service: Licensed Physician; AHCP; Psychiatrist

**Skills Training and Development – Individual - \$26.14/unit (unit = 1/4 hour); Individual Group - \$4.71/unit (unit = 1/4 hour); Individual/Family - \$26.14/unit (unit = 1/4 hour); Family Group - \$4.71/unit (unit = 1/4 hour)**

Skills Training and Development involves face-to-face contact with the participant and/or family or nonprofessional caregivers that result in the participant's development of skills (for example, self-care, daily life management, or problem-solving skills), in an individual setting or group setting, directed toward eliminating psychosocial barriers. Development of skills is provided through structured interventions for attaining goals identified in the IRP and the monitoring of the participant's progress in achieving those skills. Participants are expected to show benefit from Skills Training and Development, with the understanding that improvement may be incremental. Skills Training and Development must result in demonstrated movement toward, or achievement of, the participant's treatment goals identified in the IRP. Skills Training and Development includes monitoring the impact of training acquisition (i.e. structured opportunities for participant to demonstrate skills acquisition and improved functioning as a result). Skills Training and Development aims to restore participant's abilities essential to independent living (i.e. self-care and daily life management skills). As identified in the IRP, provide skills training specific to illness self-management. May include, but not limited to the following types of services:

- Skills training in food planning and preparation, money management, and maintenance of living environment
- Training in appropriate use of community services
- Medication-related education and training by nonmedical staff
- Training in skills needed to locate and maintain a home; renter skills training including landlord/tenant negotiations, budgeting to meet housing and housing-related expenses, locating and interviewing prospective roommates, and understanding renter's rights and responsibilities
- Social skills training necessary for functioning in a work and/or community environment

The participant is the focus of Skills Training and Development. Documentation must support how the service benefits the participant, including when the participant is not present. Skills Training and Development goals are rehabilitative in nature and time limited.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers

Exclusions:

- Skills Training and Development that is habilitative in nature is not reimbursable.
- Skill-building activities not identified in the IRP and medically necessary to address the mental health and/or substance use disorder are not reimbursable.
- Activities purely for recreation or diversion are not reimbursable (see case management referrals and linkages).
- Job coaching is not reimbursable (see supportive employment services definition).
- Academic tutoring is not reimbursable (see case management referrals and linkages).
- Individual Skills Training and Development services are not reimbursable if delivered on the same day as AIRS or CAIRS.
- Skills Training and Development may not be provided to professional caregivers.

**Substance Use Disorder Counseling - Individual - \$58.32/unit (unit = 1 hour)**

Substance Use Disorder Counseling is a planned and organized service with the participant, where addiction professionals and clinicians provide counseling intervention that works toward the goals identified in his/her IRP. Substance Use Disorder Counseling is designed to be a less intensive alternative to Intensive Outpatient Treatment. The participant is the focus of Substance Use Disorder Counseling. Documentation must support how Substance Use Disorder Counseling benefits the participant. Substance Use Disorder Counseling requires face-to-face contact with the participant. Substance Use Disorder Counseling consists of regularly scheduled sessions.

- Substance Use Disorder Counseling may include the following:
  - Education on addiction disorders; however, Substance Use Disorder Counseling sessions that consist of education services only are not reimbursable.
  - Skills training in communication, anger management, stress management, and relapse prevention; however, Substance Use Disorder Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Substance Use Disorder Counseling must demonstrate progress toward and achievement of participant treatment goals identified in the IRP.
- Substance Use Disorder Counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Substance Use Disorder Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers

Exclusions:

- Participants with withdrawal risk or symptoms whose needs cannot be managed at this level of care or who need detoxification services are not eligible for this service.
- Participants at imminent risk of harm to self or others are not eligible for this service.

**Substance Use Disorder Counseling – Family/Individual - \$58.32/unit (unit = 1 hour); Family Group - \$14.58/unit (unit = 1 hour)**

Substance Use Disorder Counseling is a planned and organized service with the participant and/or family members, or nonprofessional caregivers, where addiction professionals and clinicians provide counseling intervention that works toward the goals identified in his/her IRP. Substance Use Disorder Counseling is designed to be a less intensive alternative to IOT. The participant is the focus of Substance Use Disorder Counseling. Documentation must support how Substance Use Disorder Counseling benefits the participant, including when the participant is not present.

Substance Use Disorder Counseling requires face-to-face contact with the participant and/or family members. Substance Use Disorder Counseling consists of regularly scheduled sessions.

- Substance Use Disorder Counseling may include the following:
  - Education on addiction disorders; however, Substance Use Disorder Counseling sessions that consist of education services only are not reimbursable.
  - Skills training in communication, anger management, stress management, and relapse prevention; however, Substance Use Disorder Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Substance Use Disorder Counseling must demonstrate progress toward and achievement of participant treatment goals identified in the IRP.
- Substance Use Disorder Counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Substance Use Disorder Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

**Who may claim for this service:** Licensed Professionals; Qualified Behavioral Health Providers

**Exclusions:**

- Participants with withdrawal risk or symptoms whose needs cannot be managed at this level of care or who need detoxification services are not eligible for this service.
- Participants at imminent risk of harm to self or others are not eligible for this service.

**Substance Use Disorder Counseling – Group - \$14.58/unit (unit = 1 hour)**

Substance Use Disorder Counseling is a planned and organized service with the participant, where addiction professionals and clinicians provide counseling intervention that works toward the goals identified in his/her IRP. Substance Use Disorder Counseling is designed to be a less intensive alternative to Intensive Outpatient Treatment. The participant is the focus of Substance Use Disorder Counseling. Documentation must support how Substance Use Disorder Counseling benefits the participant. Substance Use Disorder Counseling requires face-to-face contact with the participant. Substance Use Disorder Counseling consists of regularly scheduled sessions.

- Substance Use Disorder Counseling may include the following:
  - Education on addiction disorders; however, Substance Use Disorder Counseling

- sessions that consist of education services only are not reimbursable.
  - Skills training in communication, anger management, stress management, and relapse prevention; however, Substance Use Disorder Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Substance Use Disorder Counseling must demonstrate progress toward and achievement of participant treatment goals identified in the IRP.
- Substance Use Disorder Counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Substance Use Disorder Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers

Exclusions:

- Participants with withdrawal risk or symptoms whose needs cannot be managed at this level of care or who need detoxification services are not eligible for this service.
- Participants at imminent risk of harm to self or others are not eligible for this service.

**Supported Employment Services – \$10.50/unit (unit = 1/4 hour)**

Supported Employment means competitive work in integrated work settings, or employment in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for individuals with the most significant disabilities

- for whom competitive employment has not traditionally occurred; or
- for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and
- who, because of the nature and severity of their disability, need intensive supported employment services for the period, and any extension, described in paragraph (36)(C) and extended services after the transition described in paragraph (13)(C) in order to perform such work.
- Such term includes transitional employment for persons who are individuals with the most significant disabilities due to mental illness.

Supported Employment Services are intended to be a placement and support program designed for adult individuals with a mental impairment for whom competitive employment has been interrupted or unattainable as a result of their disability. Due to the nature and extent of their disabilities, these individuals may benefit from placement, support, and ongoing services in order to maintain employment. Participants are provided concentrated placement, support, and ongoing services in order to gain and maintain employer and community relationships. Supported Employment Services emphasize a holistic approach to enhance the participant's strengths, talents, and abilities in order to

match the needs and requirements of the business, while remaining mindful of the individual's chosen vocational goal. Supported Employment Services should assist participants with accessing resources for job applicants, including phones, internet service, resume writing support, interview tips and practice, as well as appropriate dress and presentation guidance for the workplace. The essential components of supported employment are:

- competitive employment (e.g., at least minimum wage)
- duties integrated with other employees who are not disabled
- ongoing supports to assist the individual to keep his or her job long term

Supported Employment Services are any services described in an individualized plan for employment necessary to assist an individual with a mental health and/or substance use disorder in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individual, including—

- an assessment for determining eligibility and vocational rehabilitation needs by qualified personnel, including, if appropriate, an assessment by personnel skilled in rehabilitation technology;
- counseling and guidance, including information and support services to assist an individual in exercising informed choice consistent with the provisions of section [722 \(d\)](#) of 29 U.S. CODE § 722;
- referral and other services to secure needed services from other agencies through agreements developed under section [721 \(a\)\(11\)](#) of 29 U.S. CODE § 722;
- job-related services, including job search and placement assistance, job retention services, follow-up services, and follow-along services;
- vocational and other training services, including the provision of personal and vocational adjustment services, books, tools, and other training materials, except that no training services provided at an institution of higher education shall be paid for with these funds;
- maintenance for additional costs incurred while participating in an assessment for determining eligibility and vocational rehabilitation needs or while receiving services under an individualized plan for employment;
- transportation, including adequate training in the use of public transportation vehicles and systems, that is provided in connection with the provision of any other service described in this section and needed by the individual to achieve an employment outcome;
- on-the-job or other related personal assistance services provided while an individual is receiving other services described in this section;
- occupational licenses, tools, equipment, and initial stocks and supplies;
- technical assistance and other consultation services to conduct market analyses, develop business plans, and otherwise provide resources, to the extent such resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome;
- specific post-employment services necessary to assist an individual with a disability to retain, regain, or advance in employment.



Who can claim for this service: Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers.

**Transportation - Agency Vehicle - \$0.48/unit (unit = mile); Public Transportation - Actual expense**

Organizations providing Transportation Services are expected to provide individual participants with transportation to and from recovery related activities in the form that has the most appropriate and cost effective manner. Transportation assistance can be provided in one of the following two ways: Properly registered and insured agency owned vehicle and public transportation (bus passes/tokens).

Agencies providing transportation via agency owned vehicles must have on file: photo copies of Driver's Licenses, Vehicle Registration and Auto Insurance Coverage.





